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PTO/SB/21 (09-04)
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	ENC	LOSURES (Check all	that apply)	
Total Number of Pages in This Submission	20		MI22-1757	
	20	Attorney Docket Number	MT22 1757	
(to be used for all correspondence after initia	l filing)	Examiner Name	L.A. Gurley	
		Art Unit	2812	
FORM		First Named Inventor	Wendell P. Noble	
TRANSMITTAL		Filing Date	June 29, 2001	
TRANSMITTAL		Application Number	09/896,877	
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	Amendment/Reply  After Final  After Final  Aftidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Supplemental  Information Disclosure Statement  Certified Copy of Priority  Document(s)  Petition  Petition  Petition  Power of Attorney, Revoce Change of Correspondence  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on  Remarks			ation r, Revocat pondence er nd D(s) Table on 0	e Address	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please Identify below):  Postcard; PTO Form 1449 & cited reference					
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Firm N	ame	Wells S	t. John P.S.			•		<del></del>		•	
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Date January 28, 2005 Reg. No. 40,045											
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01/28/05

## EV372471753

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METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 23-0925  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
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Charge any ad under 37 CFR WARNING: Information on this information and authorization o	1.16 and 1. form may be	ecome public. Credit			t any overpa		m. Provide	e credit car	d
FEE CALCULATION							_		
1. BASIC FILING, SEAR	FILING	FEES Small Entity	SEAR	CH FEES Small Entity		ATION FEI Small Entit		Fees Pai	-l /t)
<u>Application Type</u> Utility	Fee (\$) 300	<u>Fee (\$)</u> 150	Fee (\$	l <u>Fee (\$)</u> 250	Fee (\$) 200	Fee (\$) 100		rees ray	G (A)
Design	200	100	100	50	130	65	-		<del></del>
Plant	200	100	300	150	160	80	_		
Reissue	300	150	500	250	600	300	_		<del></del>
Provisional	200	100	0	0	0	0	_		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Each independent claim of Multiple dependent claims  Total Claims  25 22 or HP = HP = highest number of total claims  2 - 3 or HP = HP = highest number of independent claims  APPLICATION SIZE F	Reissues. ver 3 or, for the second se	s Fee (\$)  x 50  y figreater than 20  x Fee (\$)  x for greater than 20  x paid for, if greater than	20 and indeposit	I more than in tendent claim me Paid (\$) 50 -00 Paid (\$)	he original ore than in <u>Multiple E</u> <u>Fee (\$)</u>	patent the origina Dependent	<u>Claims</u> ee Paid (	50 : 200 : 360	mall Entity Fee (\$) 25 100 180
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  4. OTHER FEE(S)  Fee Paid (\$)									
Non-English Specific Other: Supplen	•	,	entity	discount)					30.00

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Signature	DENOVA	Registration No. 40,045	Telephone 509-624-4276
Name (Print/Type)	D. Brent Kenady		Date 01/28/05

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